

LIABILITY RELEASE



THIS IS A COMPLETE RELEASE OF ANY POTENTIAL CLAIMS

I, _____, DESIRING
TO PARTICIPATE AS A VOLUNTEER WITH

(AV Hope on the Go)

HEREBY DECLARE:

I am 18 years of age or older. (If not yet 18, both youth and parents must initial and sign).

I acknowledge that serving with AV Hope on the Go could at times involve danger and risk. I acknowledge that the dangers and risks include, but are not limited to, being a passenger in the RV while traveling to various locations throughout the AV, having interaction among possibly unfriendly, hostile, intoxicated and/or persons using a controlled substance; sickness or injury from being in public areas and/or where there is exposure to crime and civil unrest. I understand that the above and/or other possibilities are risks involved in street and public relational evangelism.

I acknowledge that AV Hope on the Go does not accept any responsibility for injury, illness or loss suffered by me, and that all medical or personal expenses in connection with or made necessary by my illness or injury incurred while serving with AV Hope on the Go is my own responsibility.

I acknowledge that AV Hope on the Go does not carry any insurance for any of its volunteers or their possessions and I acknowledge that AV Hope on

the Go has advised me that AV Hope on the Go does not accept any responsibility for any injury, loss or damage.

I acknowledge that AV Hope on the Go has recommended that I not wear or bring any items of high value or costs; ie: expensive jewelry, purses, devices, etc ... to ministry locations and to do so is at my own risk.

I hereby assume all risk of personal injury, sickness, or death and damage to or loss of my personal property and all other damage or expenses I may suffer as a result of participation in this ministry or in activities related to it. I agree to be fully responsible for my actions. Should I become ill or injured or suffer other damage, I will pay all costs involved with my care.

I HEREBY VOLUNTARILY RELEASE, FOREVER DISCHARGE, AND AGREE TO HOLD HARMLESS AND INDEMNIFY AV HOPE ON THE GO, IT'S DIRECTORS, OFFICERS, AGENTS, COORDINATORS, FACILITATORS, VOLUNTEERS, AND OTHER TEAM MEMBERS FROM ANY AND ALL LIABILITY, CLAIMS, DEMANDS, ACTIONS OR RIGHTS OF ACTIONS, WHICH ARE RELATED TO, ARISE OUT OF, OR ARE IN ANY WAY CONNECTED WITH MY PARTICIPATION IN THIS MINISTRY, WHICH I NOW HAVE OR MAY HAVE IN THE FUTURE, SPECIFICALLY INCLUDING BUT NOT LIMITED TO THE NEGLIGENT ACTS OR OMISSIONS OF ANY PERSON SO RELEASED, HELD HARMLESS AND INDEMNIFIED, AND SPECIFICALLY INCLUDING CLAIMS RELATING TO ANY PERSONAL INJURY THAT I MAY SUFFER.

Initial: _____

I CONSENT AND AGREE TO PAY FOR ANY MEDICAL TREATMENT RENDERED TO ME BY ANYONE FOR ANY INJURY OR OTHER MEDICAL SITUATION DURING, OR RESULTING FROM, MY PARTICIPATION WITH AV HOPE ON THE GO MINISTRIES,

Initial: _____

I HEREBY MAKE EACH OF THE ABOVE STATEMENTS, ACKNOWLEDGEMENTS, AUTHORIZATIONS, RELEASES, DISCHARGES, HOLD HARMLESS AGREEMENTS, INDEMNITIES AND OTHER AGREEMENTS ON BEHALF OF MY MINOR CHILD OR

CHILDREN, ACCOMPANYING ME OR PARTICIPATING WITH AV HOPE ON THE GO MINISTRIES WHOSE NAME(S) APPEAR(S) BELOW, AND AGREEE THAT THEY SHALL BE BINDING ON EACH MINOR CHILD, HIS HEIRS, SUCCESSORS AND ASSIGNS:

NAME OF MINOR

SIGNATURE OF

MINOR

I HAVE READ CAREFULLY AND UNDERSTAND THIS LIABILITY RELEASE. I AM AWARE THAT I AM GIVING UP IMPORTANT LEGAL RIGHTS AND SIGN OF MY OWN FREE WILL.

SIGNATURE

DATE

____/____/____

PRINT NAME

FULL

ADDRESS
